

2107

one number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH
County of Gila
District of _____
Town of Miami
or
City of _____ (No. _____ St. _____ Ward)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 144

Co. Registrar's No. 226

Local Registrar's No. _____

FULL NAME OF CHILD Safira Gloria
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Born } YES
Alive } ~~NO~~

Sex of Child Female } and { Number in order of birth 3 } Legiti- } Date of Birth April 16 - 1921
mated? yes } } Month Day Yr.

FATHER
Full Name Narciso Gloria
Residence Miami, Arizona
Color or Race Mex Age at last Birthday 26 Years
Birthplace Chihuahua, Mexico
Occupation Smelterman

MOTHER
Full Maiden Name Leresa Navarette
Residence Miami, Arizona
Color or Race Mex Age at last Birthday 25 Years
Birthplace Chihuahua, Mexico
Occupation Housewife

Number of child of this Mother 3 Number of Children, of this mother, now living 3 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on April 16, 1921, at 11 ⁵⁰ M.

{ *When there is no attending physi-
cian or midwife, then the householder
should make this return.

Signature Cyril M. Crow M.D.
Attending physician, midwife, householder.*

Given or Christian name added from a
supplemental report _____ 191

271-411-355
COUNTY REGISTRAR.

Address Miami, Arizona
Filed Apr 20 1921 B. R. Hardy M.D.
A True Copy B. R. Hardy
LOCAL REGISTRAR.
COUNTY REGISTRAR.